



P.O. Box 545  
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info@actingantics.org  
610-942-4219

## FINANCIAL ASSISTANCE APPLICATION

*Please use one form per student. This form has TWO pages.*

Acting Antics, Inc., provides financial assistance to the extent possible to those in need. Proof of Income is required and eligibility is determined by comparing your gross annual household income to the Housing & Urban Development (HUD) Income Guidelines for Pennsylvania. We also take into consideration the number of people supported by your income. Once submitted, your application will be reviewed and you will be notified within one week. Assistance will be granted on a first come, first serve basis. Assistance will be granted for a maximum of one year or the length of the seasonal session for classes. You can reapply to receive continued assistance.

The following steps will guide you through the application process. Unfortunately, we cannot process incomplete applications and will contact you if we require more information. If you have questions, contact us at [info@actingantics.org](mailto:info@actingantics.org) or leave us a message at 610-942-4219 and we will be happy to assist you.

### PARENT/GUARDIAN INFORMATION:

|                   |        |                  |
|-------------------|--------|------------------|
| Legal First Name: | MI:    | Legal Last Name: |
| Address:          |        |                  |
| City, State, Zip: |        |                  |
| Phone Number:     | Email: |                  |
| Name of Student:  | Age:   | Today's Date:    |

### ASSISTANCE REQUEST:

|                                       |                                              |                                           |
|---------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Partial Scholarship | <input type="checkbox"/> Full Scholarship |
|---------------------------------------|----------------------------------------------|-------------------------------------------|

Programs/Classes you are interested in:

☐ Movin' & Groovin'    ☐ Acting Antics Youth    ☐ Actors in Action    ☐ Teen/Young Adult Improv

☐ Summer Camp    ☐ **Social Nights**    ☐ **Musical Master Class/Once Upon A Mattress**

☐ Other: \_\_\_\_\_

**INCOME VERIFICATION:****Household Monthly Income***(Include all sources including assistance and child support)*

Applicant:

\$

2nd Adult:

\$

Number of Adults supported by above income: \_\_\_\_\_

Number of Children supported by above income: \_\_\_\_\_

**Attach the following documents:**

- ☐ Program Registration Materials (if applying for a program)
- ☐ Two of the following income verifications:
  - ☐ Federal Income Tax Filing for previous year (W2 forms do not qualify)
  - ☐ Two months of paycheck stubs
  - ☐ Current SSA/Social Security Retirement Documents
  - ☐ Current Statement of award or benefits for TANF, SSI, GAU or other public assistance
  - ☐ Most recent unemployment check stubs
  - ☐ Two months of bank statements
  - ☐ An official letter from a case manager or similar such authorities if you are unemployed, not receiving benefits, are participating in a structured job training or rehabilitation program, or are homeless or living in a homeless shelter.

*If you feel that you have extenuating circumstances not evidenced by the above information, you may submit a statement explaining your current situation. Please attach it to your application with the above income verification.*

**ATTENDANCE COMMITMENT** (Please read and initial each statement below.)

\_\_\_\_ *Because each Acting Antics session ends with a final, staged performance that relies on each student's full attendance, I agree that my student(s) will attend each scheduled class and rehearsal to the best of our ability leading up to and including the final performance date(s), and that I will stay in communication with Acting Antics if any unforeseen conflicts arise.*

\_\_\_\_ *I understand that failure to reasonably meet these requirements may negatively impact future eligibility for Financial Assistance.*

**SIGNATURE AND DATE**

*I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations.*

*I further understand that Acting Antics, Inc.'s policy for payment applies to this agreement.*

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Questions? Email us at [info@actingantics.org](mailto:info@actingantics.org) or call 610-942-4219**